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CONFIRMATION NO. 9917

SERIAL NUMBER 10/789,241	FILING OR 371(c) DATE 02/27/2004 RULE	CLASS 435	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. MPI03- 041P1RNOMNIM
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APPLICANTS

Douglas M. Powell, Littleton, MA;

** CONTINUING DATA *****

This appln claims benefit of 60/454,202 03/12/2003 and claims benefit of 60/456,326 03/20/2003
and claims benefit of 60/465,240 04/24/2003
and claims benefit of 60/475,233 06/02/2003
and claims benefit of 60/478,952 06/16/2003
and claims benefit of 60/487,836 07/16/2003
and claims benefit of 60/500,111 09/04/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

04/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

30405

TITLE

Methods and compositions for treating aids and HIV-related disorders using 9145, 1725, 311, 837, 58305, 156, 14175, 50352, 32678, 5560, 7240, 8865, 12396, 12397, 13644, 19938, 2077, 1735, 1786, 10220, 17822, 33945, 43748, 47161, 81982 or 46777

FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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